

TO/16/01  
10490503-19-01  
A  
EXPRESS MAIL CERTIFICATE

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

|                       |                     |                  |                   |
|-----------------------|---------------------|------------------|-------------------|
| Typed or Printed Name | Dave Glisson        | Express Mail No. | EL 563 388 611 US |
| Signature             | <i>Dave Glisson</i> | Date             | March 16, 2001    |

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|   |                |
|---|----------------|
| CUSTOMER NO.  | 24353          |
| Atty Docket No.   | UCSF-048CON    |
| First Named Inventor  | German, et al. |
| Title: <i>Delivery of Therapeutic Gene Products by Intestinal Cell Expression</i> |                |

jc8211323 PRO  
09/09/01

03/16/01

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

Address to:  
Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

|  |  |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>  | 5. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )  |
| 2. <input checked="" type="checkbox"/> Specification Total Pages 50<br>(preferred arrangement set forth below)<br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>( <i>if applicable, all necessary</i> )<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies |

## - Background of the Invention

- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.  Drawing(s) (35 USC 113) Total Sheets 104.  Oath or Declaration Total Sheets 6  
(In Counter-Part)

- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

c.  Unsigned

## ACCOMPANYING APPLICATION PARTS

|  |
|--|
| 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 8. <input checked="" type="checkbox"/> Power of Attorney (copy from prior application)   |
| 9. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  |
| 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;">0 Copies of IDS Citations</span> |
| 11. <input type="checkbox"/> Preliminary Amendment   |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>( <i>Should be specifically itemized</i> )                             |
| 13. <input checked="" type="checkbox"/> Applicants are entitled to Small Entity status as defined under 37 CFR § 1.27                                |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>( <i>if foreign priority is claimed</i> )                                     |
| 15. <input checked="" type="checkbox"/> Other: Application Cover Page  |
| 16. <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation of prior application No. 09/254,988, Filed June 11, 1999, which is 371 of PCT/US97/16523, filed September 18, 1997.  
which is a Continuation-in-Part of application No. 08/717,084 filed September 19, 1996.

**17. CORRESPONDENCE ADDRESS**

|                  |                                 |           |                |
|------------------|---------------------------------|-----------|----------------|
| Individual Name  | Paula A. Borden                 |           |                |
| Firm Name        | BOZICEVIC, FIELD & FRANCIS LLP  |           |                |
| Address          | 200 Middlefield Road, Suite 200 |           |                |
| City, State, Zip | Menlo Park, CA 94025            |           |                |
| Country          | U.S.A.                          |           |                |
| Telephone        | (650) 327-3400                  | Facsimile | (650) 327-3231 |

**SIGNATURE of Applicant or Assignee of Record**

|                  |   |  |  |
|------------------|---|--|--|
| Individual Name  | Paula A. Borden   |  |  |
| Registration No. | 42,344  |  |  |
| Signature        |  |  |  |
| Date             | March 16, 2001  |  |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$435.00

## Complete if Known

|                      |                           |
|----------------------|---------------------------|
| Application Number   | Unassigned                |
| Filing Date          | Herewith (March 16, 2001) |
| First Named Inventor | German et al.             |
| Examiner Name        | Unassigned                |
| Group Art Unit       | Unassigned                |
| Attorney Docket No.  | UCSF-048CON               |

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0815**Deposit Account Name **Bozicevic, Field & Francis LLP** Charge Any Additional Fee Required

Under 37 CFR §§ 1.16 and 1.17

 Applicant claims small entity status.

See 37 CFR § 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description   | Fee Paid |
|----------------------------|----------------------------|---|----------|
| 105                        | 130                        | 205 Surcharge - late filing fee or oath   |          |
| 127                        | 50                         | 227 Surcharge - late provisional filing fee or cover sheet                        |          |
| 139                        | 130                        | 139 130 Non - English specification   |          |
| 147                        | 2,520                      | 147 2,520 For filing a request for ex parte reexamination                         |          |
| 112                        | 920*                       | 112 920* Requesting publication of SIR prior to Examiner action                   |          |
| 113                        | 1,840*                     | 113 1,840* Requesting publication of SIR after Examiner action                    |          |
| 115                        | 110                        | 215 Extension for reply within first month  |          |
| 116                        | 390                        | 216 Extension for reply within second month                                       |          |
| 117                        | 890                        | 217 Extension for reply within third month  |          |
| 118                        | 1,390                      | 218 695 Extension for reply within fourth month                                   |          |
| 128                        | 1,890                      | 228 945 Extension for reply within fifth month                                    |          |
| 119                        | 310                        | 219 155 Notice of Appeal  |          |
| 120                        | 310                        | 220 155 Filing a brief in support of an appeal                                    |          |
| 121                        | 270                        | 221 135 Request for oral hearing  |          |
| 138                        | 1,510                      | 138 1,510 Petition to institute a public use proceeding                           |          |
| 140                        | 110                        | 240 55 Petition to revive - unavoidable   |          |
| 141                        | 1,240                      | 241 620 Petition to revive - unintentional  |          |
| 142                        | 1,240                      | 242 620 Utility issue fee (or reissue)  |          |
| 143                        | 440                        | 243 220 Design issue fee  |          |
| 144                        | 600                        | 244 300 Plant issue fee   |          |
| 122                        | 130                        | 122 130 Petitions to the Commissioner   |          |
| 123                        | 50                         | 123 50 Processing fee under 37 CFR § 1.17(q)                                      |          |
| 126                        | 180                        | 126 180 Submission of Information Disclosure Statement                            |          |
| 581                        | 40                         | 581 40 Recording each patent assignment per property (times number of properties) | 40.00    |
| 146                        | 710                        | 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))             |          |
| 149                        | 710                        | 249 355 For each additional invention to be examined (37 CFR § 1.129(b))          |          |
| 179                        | 710                        | 279 355 Request for Continued Examination (RCE)                                   |          |
| 169                        | 900                        | 169 900 Request for expedited examination of a design application                 |          |
| Other fee (specify) _____  |                            |   |          |

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description               | Fee Paid        |
|----------------------------|----------------------------|-------------------------------|-----------------|
| 101                        | 710                        | 201 355 Utility filing fee    | 355.00          |
| 106                        | 320                        | 206 160 Design filing fee     |                 |
| 107                        | 490                        | 207 245 Plant filing fee      |                 |
| 108                        | 710                        | 208 355 Reissue filing fee    |                 |
| 114                        | 150                        | 214 75 Provisional filing fee |                 |
| SUBTOTAL (1)               |                            |                               | <b>\$355.00</b> |

## 2. EXTRA CLAIM FEES

| Extra Claims                | Fee from below   | Fee Paid                      |
|-----------------------------|------------------|-------------------------------|
| Total Claims <b>17</b>      | -20** = <b>0</b> | X <b>9.00</b> = <b>0.00</b>   |
| Independent Claims <b>4</b> | -3** = <b>1</b>  | X <b>40.00</b> = <b>40.00</b> |
| Multiple Dependent          |                  | <b>0.00</b> = <b>0.00</b>     |

## Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description  |
|---------------|---------------|--|
| 103           | 18            | 203 9 Claims in excess of 20                                     |
| 102           | 80            | 202 40 Independent claims in excess of 3                         |
| 104           | 270           | 204 135 Multiple dependent claim, if not paid                    |
| 109           | 80            | 209 40 ** Reissue independent claims over original patent        |
| 110           | 18            | 210 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2)  |               | <b>\$40.00</b>   |

\*Reduced by Basic Filing Fee Paid

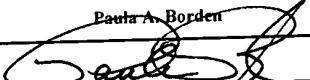
SUBTOTAL (3)

**\$40.00**

\*\*or number previously paid, if greater. For Reissues, see above

Complete (if applicable)

## SUBMITTED BY

|                   |   |                                   |        |           |                |
|-------------------|---|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | <b>Paula A. Borden</b>  | Registration No. (Attorney/Agent) | 42,344 | Telephone | 650-327-3400   |
| Signature         |  |                                   |        | Date      | March 16, 2001 |

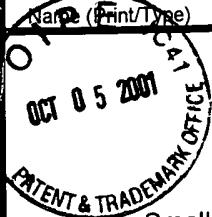
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

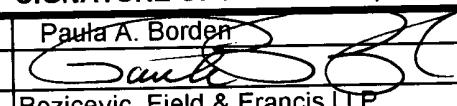
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**CERTIFICATE OF MAILING**

NO3CO~~2~~

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

|  |  |   |   |                                 |                |  |        |                 |
|--|--|---|---|---------------------------------|----------------|--|--------|-----------------|
| Name (Print/Type)  |  | Cindy Hoang   |   | Signature                       |                | <i>Cindy Hoang</i>   |        | Date 09-24-2001 |
|  <b>TRANSMITTAL</b>                             |  |   |   | Application Number              |                | 09/811,323   |        |                 |
|  |  | Confirmation Number   |   | 7184                            |                |  |        |                 |
|  |  | Filing Date   |   | March 16, 2001                  |                |  |        |                 |
|  |  | First Named Inventor  |   | GERMAN                          |                |  |        |                 |
|  |  | Examiner  |   | To Be Assigned                  |                |  |        |                 |
|  |  | Group Art   |   | 1615                            |                |  |        |                 |
|  |  | Attorney Docket No.   |   | UCSF048CON                      |                |  |        |                 |
| Small Entity <input checked="" type="checkbox"/>   |  | Large Entity <input type="checkbox"/>   |   |                                 |                |  |        |                 |
| ENCLOSED:  |  | Claims  | No. of claims as filed or after amendment | Most claims previously paid for | # Extra Claims | Rate   | Totals |                 |
| <input type="checkbox"/> Amendment Under Rule<br><input type="checkbox"/> 37 CFR § _____<br><input type="checkbox"/> Pages _____ |  | Total   |   |                                 |                | \$ -   |        |                 |
|  |  | Independent   |   |                                 |                | \$ -   |        |                 |
|  |  | Multiple  |   |                                 |                | \$ -   |        |                 |
|  |  | Total Extra Claim Fees  |   |                                 |                | \$ -   |        |                 |
| <input checked="" type="checkbox"/> Applicants Petition for an Extension of time from  |  | 07-23-2001  | to  | 08-23-2001                      | Fee \$ 195.00  |  |        |                 |
|  |  |   |   |                                 |                | A month extension was previously filed and paid for thereby reducing the basic fee |        |                 |
| <input checked="" type="checkbox"/> Response to Notice of Incomplete Reply (with copy of formalities letter)                     |  |   |   |                                 |                |  |        |                 |
| <input type="checkbox"/> Filing Fee  |  |   |   |                                 |                | Fee _____  |        |                 |
| <input type="checkbox"/> Executed Declaration  |  | Pages _____   |   | Surcharge Fee _____             |                |  |        |                 |
| <input checked="" type="checkbox"/> Other  |  | 1) Supplemental Preliminary Amendment and Response to Notice of Incomplete Reply<br>(3 pgs.)<br>_____<br>_____<br>_____ |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Subtotal \$ -  |        |                 |
| <input type="checkbox"/> Information Disclosure Statement  |  |   |   |                                 |                |  |        |                 |
| <input type="checkbox"/> PTO Form 1449   |  | Pages _____   |   |                                 |                |  |        |                 |
| <input type="checkbox"/> _____   |  | Copies of Cited References  |   |                                 |                |  |        |                 |
| <input type="checkbox"/> Other _____   |  |   |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Fee _____  |        |                 |
|  |  |   |   |                                 |                | Subtotal \$ -  |        |                 |
| <input checked="" type="checkbox"/> Response to Notice of Incomplete Reply (with copy of Notice to Comply)                       |  |   |   |                                 |                |  |        |                 |
| <input type="checkbox"/> Sequence Listing Certification  |  | 10/10/2001 BABRAHA1 00000020 500815 09811323  |   |                                 |                |  |        |                 |
| <input type="checkbox"/> Paper Copy of Sequence Listing  |  | Pages 01 FC:216   |   | 200.00 CH                       |                |  |        |                 |
| <input type="checkbox"/> Diskette in computer-readable format  |  |   |   |                                 |                |  |        |                 |
| <input type="checkbox"/> Other _____   |  |   |   |                                 |                | Fee _____  |        |                 |

|  |  | Fee                                     |
|--|--|---|
| <input type="checkbox"/> Terminal Disclaimer   |  |   |
| <input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group  |  |   |
| <input type="checkbox"/> Notice of Appeal  | Pages  | Fee                                     |
| <input type="checkbox"/> Appeal Brief in Triplicate  | Pages  | Fee                                     |
| <input type="checkbox"/> Reply Brief   | Pages  | Fee \$ -                                |
|  |  | Subtotal \$ -                           |
| <input type="checkbox"/> Other Enclosures and/or Fees  | Fee _____  |   |
| <input type="checkbox"/> Change of Correspondence Address  |  |   |
| <input checked="" type="checkbox"/> Return Receipt Postcard  | TOTAL FEES \$ 195.00   |   |
| <p><b>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p> |  |   |
| <b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>  |  |   |
| Name (Print/Type)  | Paula A. Borden  | Registration No. 42,344                 |
| Signature  |  | Date 09-24-2001                         |
| Firm Name  | Bozicevic, Field & Francis LLP   | Address 200 Middlefield Road, Suite 200 |
| City   | Menlo Park   | State California zip 94025              |
| Telephone - Direct Dial  | 650-327-3400   | Facsimile 650-327-3231                  |

Application No. 09/811,323 Attorney Docket No. UCSF048CON Page 2 of 2